

*Case Studies in Environmental Medicine:*

# Toluene Toxicity

## Evaluation Questionnaire and Posttest, Course Number SS3061

**Course Goal:** To increase the primary care provider's knowledge of hazardous substances in the environment and to aid in the evaluation of potentially exposed patients.

### Objectives

- Discuss the major exposure route for toluene.
- Describe two potential environmental and occupational sources of exposure to toluene.
- Give two reasons why toluene is a health hazard.
- Describe the factors that contribute to toluene toxicity.
- Identify evaluation and treatment protocols for persons exposed to toluene.
- List two sources of information on toluene.

### Tell Us About Yourself

**Please carefully read the questions. Provide answers on the answer sheet (page 29). Your credit will be awarded based on the type of credit you select.**

**1. What type of continuing education credit do you wish to receive?**

**\*\*Nurses should request CNE, not CEU. See note on page 28.**

- A. CME (for physicians)
- B. CME (for non-attending)
- C. CNE (continuing nursing education)
- D. CEU (continuing education units)
- E. [Not used]
- F. [Not used]
- G. [Not used]
- H. None of the above

**2. Are you a...**

- A. Nurse
- B. Pharmacist
- C. Physician
- D. Veterinarian
- E. None of the above

**3. What is your highest level of education?**

- A. High school or equivalent
- B. Associate, 2-year degree
- C. Bachelor's degree
- D. Master's degree
- E. Doctorate
- F. Other

- 4. Each year, approximately how many patients with toluene exposure do you see?**
- A. None
  - B. 1–5
  - C. 6–10
  - D. 11–15
  - E. More than 15
- 5. Which of the following best describes your current occupation?**
- A. Environmental Health Professional
  - B. Epidemiologist
  - C. Health Educator
  - D. Laboratorian
  - E. Physician Assistant
  - F. Industrial Hygienist
  - G. Sanitarian
  - H. Toxicologist
  - I. Other patient care provider
  - J. Student
  - K. None of the above
- 6. Which of the following best describes your current work setting?**
- A. Academic (public and private)
  - B. Private health care organization
  - C. Public health organization
  - D. Environmental health organization
  - E. Non-profit organization
  - F. Other work setting
- 7. Which of the following best describes the organization in which you work?**
- A. Federal government
  - B. State government
  - C. County government
  - D. Local government
  - E. Non-governmental agency
  - F. Other type of organization

## **Tell Us About the Course**

- 8. How did you obtain this course?**
- A. Downloaded or printed from Web site
  - B. Shared materials with colleague(s)
  - C. By mail from ATSDR
  - D. Not applicable

**9. How did you first learn about this course?**

- A. State publication (or other state-sponsored communication)
- B. *MMWR*
- C. ATSDR Internet site or homepage
- D. PHTN source (PHTN Web site, e-mail announcement)
- E. Colleague
- F. Other

**10. What was the most important factor in your decision to obtain this course?**

- A. Content
- B. Continuing education credit
- C. Supervisor recommended
- D. Previous participation in ATSDR training
- E. Previous participation in CDC and PHTN training
- F. Ability to take the course at my convenience
- G. Other

**11. How much time did you spend completing the course, evaluation, and posttest?**

- A. 1 to 1.5 hours
- B. More than 1.5 hours but less than 2 hours
- C. 2 to 2.5 hours
- D. More than 2.5 hours but less than 3 hours
- E. 3 hours or more

**12. Please rate your level of knowledge before completing this course.**

- A. Great deal of knowledge about the content
- B. Fair amount of knowledge about the content
- C. Limited knowledge about the content
- D. No prior knowledge about the content
- E. No opinion

**13. Please estimate your knowledge gain after completing this course.**

- A. Gained a great deal of knowledge about the content
- B. Gained a fair amount of knowledge about the content
- C. Gained a limited amount of knowledge about the content
- D. Did not gain any knowledge about the content
- E. No opinion

**Please use the scale below to rate your level of agreement with the following statements (questions 14–25) about this course.**

- A. Agree
- B. No opinion
- C. Disagree
- D. Not applicable

- 14. The objectives are relevant to the goal.**
- 15. The tables and figures are an effective learning resource.**
- 16. The content in this course was appropriate for my training needs.**
- 17. Participation in this course enhanced my professional effectiveness.**
- 18. I will recommend this course to my colleagues.**
- 19. Overall, this course enhanced my ability to understand the content.**
- 20. I am confident I can discuss the major exposure route for toluene.**
- 21. I am confident I can describe two potential environmental and occupational sources of exposure to toluene.**
- 22. I am confident I can give two reasons why toluene is a health hazard.**
- 23. I am confident I can describe the factors that contribute to toluene toxicity.**
- 24. I am confident I can identify evaluation and treatment protocols for persons exposed to toluene.**
- 25. I am confident I can list two sources of information on toluene.**